



OFFICIAL COMMUNICATION

5775 Morehouse Drive
San Diego, CA 92121
Fax: (858) 658-2502

Facsimile Transmittal

DATE: April 7, 2005
TO: Amendment
Commissioner for Patents
ATTN: Examiner: Justin M. Philpott
Art Unit: 2665

RECEIVED
CENTRAL FAX CENTER
APR 07 2005

FAX NUMBER: (703) 872-9306

FROM: Roberta A. Young, Attorney for Applicant
Registration No. 53,818

Total Number of Pages Sent: 20 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 000090CIP

ENCLOSED ARE:

- Amendment (17 pages)
- Transmittal (in duplicate)

APPLICANT: Ramin Rezaifar

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 09/494,199

FILED: January 28, 2000

FOR: Method and apparatus for channel optimization during point-to-point protocol (PPP) session requests

Please contact Sheryl Schoen at (858) 658-5102 if all pages do not transmit.

Special Instructions: THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND CONTAINS INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately. Thank you!

Best Available Copy

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23690
Attorney Docket No.: 000090CIP
In Re Application of: Ramin Rezaifar
Serial Number: 09/494,199
Filed: January 28, 2000
Examiner: Justin M. Philpott
Group Art Unit: 2665

RECEIVED
CENTRAL FAX CENTER

APR 07 2005

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|--|--------------------------------------|--|------------------|------------------|----------|
| Total* | 29 | 29 | 0 | x \$50 = | \$0.00 |
| Independent** | 7 | 7 | 0 | x \$200 = | \$0.00 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$360 | \$0.00 |
| EXTENSION FEES | | <input type="checkbox"/> One Month | | \$120 | \$0.00 |
| | | <input checked="" type="checkbox"/> Two Months | | \$450 | \$450.00 |
| | | <input type="checkbox"/> Three Months | | \$1020 | \$0.00 |
| TERMINAL DISCLAIMER | | | | \$130 | \$0.00 |
| | | | | TOTAL FEE | \$450.00 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. Fee check in the amount of \$ _____ is enclosed to pay for any claim and/or extension fees.

5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$450.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.

6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: April 6, 2005

Signature: Roberta A. Young
Roberta A. Young, Reg. No. 53,818
(858) 658-5303

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: April 7, 2005

FACSIMILE

transmitted by facsimile (703/872-9306) to the Patent and Trademark Office.

Depositor's Name: Sherry Schoon
(type or print name)Signature: Sherry Schoon

Best Available Copy

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 000090CIP
In Re Application of: Ramin Rezaifar
Serial Number: 09/494,199
Filed: January 28, 2000
Examiner: Justin M. Philpott
Group Art Unit: 2665

COPY

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|------------------------------|---|--|------------------|------------------|-----------------|
| Total* | 29 | 29 | 0 | x \$50 = | \$0.00 |
| Independent** | 7 | 7 | 0 | x \$200 = | \$0.00 |
| Multiple Dependent Claim(s): | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$360 | \$0.00 |
| | | <input type="checkbox"/> One Month | | \$120 | \$0.00 |
| | | <input checked="" type="checkbox"/> Two Months | | \$450 | \$450.00 |
| | | <input type="checkbox"/> Three Months | | \$1020 | \$0.00 |
| | | | | \$130 | \$0.00 |
| | | | | TOTAL FEE | \$450.00 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. Fee check in the amount of \$ _____ is enclosed to pay for any claim and/or extension fees.
 5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$450.00.
 The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: April 6, 2005

Signature: Robert A. Young
 Robert A. Young, Reg. No. 53,818
 (858) 658-5803

QUALCOMM Incorporated
 Attn: Patent Department
 5775 Morehouse Drive
 San Diego, California 92121-1714
 Telephone: (858) 658-5787
 Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
 (type or print name)

Date: April 7, 2005

FACSIMILE

transmitted by facsimile (703/872-9306) to the Patent and Trademark Office.

Depositor's Name: Sheryl Schorn
 (type or print name)

Signature: Sheryl Schorn

Best Available Copy